

# Town of Southampton

Department of Land Management  
116 HAMPTON ROAD  
SOUTHAMPTON, NY 11968



KYLE P. COLLINS, AICP  
TOWN PLANNING AND  
DEVELOPMENT ADMINISTRATOR

Phone: (631) 287-5735 – Planning Board  
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(631) 287-5710 – Conservation Board

ANNA THRONE-HOLST  
TOWN SUPERVISOR

## ENVIRONMENTAL ASSESSMENT FORM PART 1 - LONG FORM

### A. GENERAL INFORMATION

1. Name of project or application: \_\_\_\_\_
2. Total area of project site: \_\_\_\_\_ sq. ft. or \_\_\_\_\_ acres
3. Name and mailing address of **owners and applicants**

Owner Name: \_\_\_\_\_

Street or POB: \_\_\_\_\_

Post Office / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Name (if different than owner): \_\_\_\_\_

Street or POB: \_\_\_\_\_

Post Office / City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### B. PROJECT SITE INFORMATION

1. Briefly describe the current use of the project site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Municipal Zoning

a. What is the zoning classification(s) of the site? \_\_\_\_\_

b. Does project conform to current zoning? Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, indicate desired zoning.** \_\_\_\_\_

- c. What is the dominant land use and zoning classification within a quarter-mile radius of the project site? (e.g. single-family, residential; R-60)

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3. Current land use of project site (by percentage):

Industrial \_\_\_\_\_%      Commercial \_\_\_\_\_%      Residential \_\_\_\_\_

Agricultural \_\_\_\_\_%      Vacant \_\_\_\_\_%      Other \_\_\_\_\_%

4. Does the project site contain or is contiguous to any building or site either listed or eligible for listing on the National Register of Historic Places or any state or municipal register?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, provide details.** \_\_\_\_\_

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5. Is the project site currently used by the community or neighborhood, either formally or informally, as an open space or recreation area?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, provide details.** \_\_\_\_\_

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6. Do hunting or fishing opportunities currently exist on the project site?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, provide details.** \_\_\_\_\_

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7. Does the project site currently offer or include any scenic views or vistas known to be important to the community?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, provide details.** \_\_\_\_\_

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8. Are there any streams, tributaries, ponds, lakes or wetlands on or within 300 feet of the project site?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, provide details.** \_\_\_\_\_

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9. Is the project site on or within 300 feet of the 100 year floodplain, as identified on the flood insurance rate maps prepared by Federal Emergency Management Agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, provide details.** \_\_\_\_\_

10. Wildlife and plant resources (fauna and flora)

- a. Describe the predominant wildlife type on the site: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- b. Do any endangered, rare, threatened, unique, protected or significant species of wildlife utilize the project site or portions of the project site for feeding, nesting or breeding?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, show location(s) on the development plans.**

- c. Are any endangered, rare, threatened, unique protected or significant species of wildlife know to visit within 200 feet of the site?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, briefly describe species and activity. (use separate sheet)**

- d. Are any endangered, rare, threatened, unique, protected or significant species of plant found on the site?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, provide list and show locations on the development plan.**

**NOTE: Federal, State and Municipal endangered / protected list should be referred to in answering the above questions. If a No response is provided for any of the above, indicate who made these findings.**

Name \_\_\_\_\_ Profession \_\_\_\_\_

11. Soil Resources:

- a. Soil association (s): \_\_\_\_\_

- b. Soil type (s): \_\_\_\_\_

- c. Minimum depth to seasonal high water table \_\_\_\_\_ feet.

(Source of information) \_\_\_\_\_

12. Groundwater Resources:

- a. Is the parcel(s) wholly or in part listed on the United State Environmental Protection Agency's (USEPA) Superfund "active or archived" National Priorities List (NLP)? (**Contact NYSDEC Division of Environmental Remediation at Albany: 518-402-9764 to verify**)

Yes \_\_\_\_ No \_\_\_\_ **If Yes, elaborate:** \_\_\_\_\_

\_\_\_\_\_

- b. Is the parcel(s) wholly or partly listed on the New York State Department of Environmental Conservation's (NYSDEC) Registry of Inactive Hazardous Waste Disposal Sites: (**Contact NYSDEC Division of Environmental Remediation at Albany: 518-402-9764 to verify**)

Yes \_\_\_\_ No \_\_\_\_ **If Yes, elaborate:** \_\_\_\_\_

\_\_\_\_\_

- c. Is the parcel(s) wholly or partly within an area contaminated by either a registered Inactive Hazardous Waste Disposal Site or a site being investigated by the NYSDEC as an Inactive Hazardous Waste Disposal Site? (**Contact NYSDEC Division of Environmental Remediation at Albany: 518-402-9764 to verify**)

Yes \_\_\_\_ No \_\_\_\_ **If Yes, elaborate:** \_\_\_\_\_

\_\_\_\_\_

- d. Has any agency (ie: New York State Department of Environmental Conservation, New York State Department of Health or Suffolk County Department of Health Services) accessed the parcel(s) to conduct soil or groundwater sampling? (**Contact NYSDEC Division of Environmental Remediation at Albany: 518-402-9764 to verify**)

Yes \_\_\_\_ No \_\_\_\_ **If yes, attach copies of the findings and results of the sampling.**

- e. Has the project site or any site within ½ mile radius of the project site ever been used for storage or disposal of solid or hazardous waste? (**Contact NYSDEC Division of Environmental Remediation at Albany: 518-402-9764 to verify**)

Yes \_\_\_\_ No \_\_\_\_ **If Yes, elaborate:** \_\_\_\_\_

\_\_\_\_\_

- f. Is there any visible evidence of possible groundwater or soil contamination on the proposed site or any adjacent sites (e.g., stressed vegetation, stained soil, discolored surface water, foul odors, leaking containers)?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, elaborate:** \_\_\_\_\_

\_\_\_\_\_

13. Topographical and geographical resources: \_\_\_\_\_

- a. General character of land:

uniform slope \_\_\_\_\_, uneven \_\_\_\_\_, rolling or irregular \_\_\_\_\_

- b. Approximate percentage of project site with the following slopes:

0-10% \_\_\_\_\_; 10-15% \_\_\_\_\_; 15-25% \_\_\_\_\_; greater than 25% \_\_\_\_\_

- c. Are any of the following geologic features found on the site or within 200 ft?

kettlehole or depression \_\_\_\_\_; swale \_\_\_\_\_; sand dune \_\_\_\_\_

bluff \_\_\_\_\_; other \_\_\_\_\_

14. Approximate area of  
land cover

Sq. ft or  
Existing Acres

Sq. ft or  
Proposed Acres

Oak woodland

\_\_\_\_\_

\_\_\_\_\_

Pine/oak woodland

\_\_\_\_\_

\_\_\_\_\_

Succession field

\_\_\_\_\_

\_\_\_\_\_

Pasture or cropland

\_\_\_\_\_

\_\_\_\_\_

Freshwater wetland

\_\_\_\_\_

\_\_\_\_\_

Tidal wetland

\_\_\_\_\_

\_\_\_\_\_

Beach dune or bluff

\_\_\_\_\_

\_\_\_\_\_

Unvegetated earth

\_\_\_\_\_

\_\_\_\_\_

Filled land

\_\_\_\_\_

\_\_\_\_\_

Road, building & other

impermeable paved  
surfaces

\_\_\_\_\_

\_\_\_\_\_

Permeable surfaces

\_\_\_\_\_

\_\_\_\_\_

Lawns

\_\_\_\_\_

\_\_\_\_\_

Landscaped areas  
(excluding lawns)

\_\_\_\_\_

\_\_\_\_\_

### C. PROJECT INFORMATION

1. Briefly describe the project or proposed use. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If project or use is industrial, briefly explain the manufacturing processes involved and/ or the project. \_\_\_\_\_

\_\_\_\_\_

- a. What is the standard industrial classification code for this use? \_\_\_\_\_

3. If project is single phase, what is the anticipated commencement date for the construction?

month \_\_\_\_\_ year \_\_\_\_\_

What is the anticipated length of construction period? \_\_\_\_\_ months \_\_\_\_\_ years

4. If project is to be constructed in phases, indicate the following:

a. <u>Phase</u>	<u>Units/acreage</u>	<u>Commencement</u>	<u>Completion</u>
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1	_____	_____	_____
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2	_____	_____	_____
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3	_____	_____	_____
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5. What is the length of project? in miles \_\_\_\_\_ (if applicable).

6. How much of the project area is currently in a natural condition? \_\_\_\_\_ Sq. ft. or \_\_\_\_ acres

7. How much of the project area will remain undeveloped? \_\_\_\_\_ sq. ft. or \_\_\_\_\_ acres

8. How much of the natural material (i.e., topsoil, sand, gravel stone etc...) will be removed from the project site? \_\_\_\_\_ tons or \_\_\_\_\_ cubic yards.
9. How many acres of vegetation (trees, shrubs, ground cover, etc...) will be removed from the project site? \_\_\_\_\_ Sq. ft or \_\_\_\_\_ acres.
10. How many acre of vegetation will be replaced? \_\_\_\_\_ Sq. ft or \_\_\_\_\_ acres.
11. Will the project or use result in either an increase or decrease in the surface area of any existing water bodies or waterways?
- Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, explain:** \_\_\_\_\_
- \_\_\_\_\_
12. Will the project or use require the routine application of herbicides and/ or pesticides?
- Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, list products that will be applied and reason.**
- \_\_\_\_\_
13. Will project or use routinely produce odors (more than one hour per day)?
- Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, elaborate:** \_\_\_\_\_
- \_\_\_\_\_
14. Will project or use routinely produce operating noises exceeding the local ambient noise level?
- Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, indicate time periods, source and noise level.**
- \_\_\_\_\_
15. What is the maximum vehicular trips per hour which will be generated by the project or use upon completion? \_\_\_\_\_
16. Will the project or use result in increased energy use?
- Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, what quantity?** \_\_\_\_\_
17. For new commercial projects or uses, indicate the following:
- a. Gross floor area of buildings: \_\_\_\_\_ sq. ft

- b. Area of site to be developed: \_\_\_\_\_ sq. ft. \_\_\_\_\_ acres
- c. Area of outdoor storage and display: \_\_\_\_\_ sq. ft. \_\_\_\_\_ acres
- d. Number of customers or visitors per day: \_\_\_\_\_
- e. Number of proposed off-street parking spaces: \_\_\_\_\_
- f. Total number of employees: \_\_\_\_\_
- g. What is the total height of the tallest proposed structure: \_\_\_\_\_

18. For the expansion of existing commercial projects or uses, indicate the following:

- a. Gross floor area of new building (s) or addition (s): \_\_\_\_\_ sq. ft
- b. Additional area of site to be developed: \_\_\_\_\_ sq. ft.
- c. Additional outdoor storage and display area: \_\_\_\_\_ sq. ft.
- d. Increased number of customers or visitors per day: \_\_\_\_\_

19. Additional off-street parking spaces: \_\_\_\_\_

20. Additional employees: \_\_\_\_\_

21. For residential projects, indicate the number and type of housing units:

	<u>Single-family</u>	<u>Duplex Multi-family</u>	<u>Condominium/ Cooperative</u>
Initially	_____	_____	_____
Ultimately	_____	_____	_____

22. Water Supply:

- a. Depth to groundwater: \_\_\_\_\_ feet
- b. Elevation of groundwater: \_\_\_\_\_ USGS Datum
- c. Will excavations require dewatering? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Volume of water required by project or proposed use: \_\_\_\_\_ GPD



e. Source of water supply (as indicated on development plan):

\_\_\_\_\_ private on-site well      \_\_\_\_\_ public      \_\_\_\_\_ private community system

f. If water supply is from private, on-site well, what is the pumping capacity? \_\_\_\_\_ gals/minute

23. Sanitary Waste Disposal:

a. How much sanitary waste will be generated by the project or proposed use? \_\_\_\_\_ GPD

b. What method of sanitary waste treatment will be utilized? \_\_\_\_\_ On-site septic system

\_\_\_\_\_ municipal treatment plant      \_\_\_\_\_ community sewage disposal system

\_\_\_\_\_ modified subsurface sewage disposal system      \_\_\_\_\_ other

c. If treatment system is proposed, indicate location on the development plan.

d. What level of treatment will be employed?

\_\_\_\_\_ primary      \_\_\_\_\_ secondary      \_\_\_\_\_ tertiary      \_\_\_\_\_ denitrification

e. Is any surface disposal of liquid waste proposed? Yes \_\_\_\_\_ No \_\_\_\_\_.

**If yes, indicate type of liquid, amount and direction of runoff.**

\_\_\_\_\_

f. Other point source discharges: \_\_\_\_\_

g. Will a State Pollution Discharge Elimination System (SPDES) permit be required?

Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, explain.** \_\_\_\_\_

24. Solid Waste Disposal:

a. How much solid waste will be generated by the project or use? \_\_\_\_\_ CY/D or  
tons \_\_\_\_\_

b. Will the project or use involve the burying of solid waste in the project site?

Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, explain type of solid waste, source and burial process.**

\_\_\_\_\_

\_\_\_\_\_

25. For all non-residential projects, indicate the following information:

- a. List all waste that will be generated—other than sanitary waste—and their quantity.

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- b. What is the proposed method of collection, treatment and discharge of all waste other than sanitary waste?

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- c. List all toxic and hazardous materials and quantities that will be stored on site.

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- d. List all toxic and hazardous materials and quantities that will be used on site.

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- e. Storage tanks will be above ground \_\_\_\_\_ below ground \_\_\_\_\_

- f. Material is stored in dry state \_\_\_\_\_ liquid state \_\_\_\_\_

- g. What is the storage capacity of the tanks? \_\_\_\_\_ gallons

26. For all project requiring clearing of more than 80,000 sq. ft and or all subdivisions of two or more lots, indicate the following:

- a. Area to be regraded \_\_\_\_\_ sq. ft. \_\_\_\_\_ acres

- b. Cubic yards of cut \_\_\_\_\_ cubic yards

- c. Cubic yards of fill \_\_\_\_\_ cubic yards

- d. Greatest depth of excavation or cut \_\_\_\_\_ feet

- e. Greatest depth of fill \_\_\_\_\_ feet

- f. Maximum artificial slope after construction: (horizontal:vertical)

\_\_\_\_\_ 2:1 (not recommended) \_\_\_\_\_ 3:1 \_\_\_\_\_ 5:1 \_\_\_\_\_ 10:1

g. Briefly describe method (s) to reduce erosion during and after construction.

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h. Will retaining walls be used? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, explain.**

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27. For all project on site greater than 80,000 sq.ft. and /or subdivisions of two of more lots, indicate the following:

a. Volume of stormwater runoff for a 25-year storm: \_\_\_\_\_ cu. Ft

b. Percent of runoff maintained on site \_\_\_\_\_ %

c. Method of handling runoff: leaching pools \_\_\_\_\_, natural drainage area \_\_\_\_\_:  
on-site recharge basin \_\_\_\_\_; Off-site recharge basin area \_\_\_\_\_; other \_\_\_\_\_

d. Will there be a discharge into a body of water? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes explain why.** \_\_\_\_\_

28. Project Economics:

a. How many jobs will be generated during the construction? \_\_\_\_\_ After completion \_\_\_\_\_

b. How many jobs will be eliminated by this project? \_\_\_\_\_

c. Will the project or use require the relocation of any projects or facilities?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If yes explain why.** \_\_\_\_\_

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d. For projects having construction cost greater than \$250,000, what is the estimated cost of construction? \_\_\_\_\_

e. For commercial and industrial projects, what is the market orientation or scale of development? \_\_\_\_\_ regional; \_\_\_\_\_ community; \_\_\_\_\_ local

f. Other economic impacts: \_\_\_\_\_

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#### D. ADDITION APPROVALS

	Yes/No	Type of Approval Required	Date Submitted	Date Approved
Town Board	_____	_____	_____	_____
Town Planning Board	_____	_____	_____	_____
Town Zoning Board	_____	_____	_____	_____
Town Trustees	_____	_____	_____	_____
Town Highway Dept.	_____	_____	_____	_____
Other Local agencies	_____	_____	_____	_____
County Health agencies	_____	_____	_____	_____
Other regional agencies	_____	_____	_____	_____
NYSDEC	_____	_____	_____	_____
Other state agencies	_____	_____	_____	_____
Federal agencies	_____	_____	_____	_____

**Does the project involve any State or Federal funding or financing?**

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, explain.**

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## **E: PROFESSIONAL INFORMATION**

### 1. Individual preparing EAF

_____	_____	_____
Name	Signature	Title
_____	_____	_____
Mailing Address Post Office	State	Zip Code
Business Phone: _____	E-Mail Address _____	

### 2. Date of EAF preparation: \_\_\_\_\_

### 3. Project Engineer (if different than above):

_____	_____	_____
Name	Signature	Title
_____	_____	_____
Mailing Address Post Office	State	Zip Code
Business Phone: _____	E-Mail Address _____	

### 4. Project Architect (if applicable and if different than above):

_____	_____	_____
Name	Signature	Title
_____	_____	_____
Mailing Address Post Office	State	Zip Code
Business Phone: _____	E-Mail Address _____	